

August 19, 2009

to whom it may concern.

I Sheryl Zquette Carter-92  
Wesley Lane #C, Dayton Ohio 45415, my  
cell number (937) 382-8072, home number  
(716) 282-3624

I have several claims in United  
States Bankruptcy Court Southern  
District of New York, against Belpin  
Corporation et al Debtors, Chapter 11  
Case no. 05-44481 (KPD) Jointly Admin.  
United States Bankruptcy Court - Honorable  
Robert D. Brain - One Bowling Green, Room  
1632, New York, New York 10004

This letter is to inform you of my  
New address 1541 LaSalle Avenue #1  
Niagara Falls, New York 14301  
Thank you!

Sincerely  
Sheryl Zquette Carter

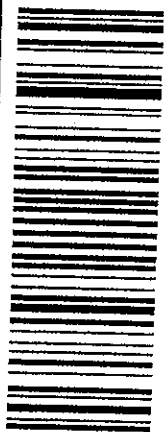
**CERTIFIED MAIL™ RECEIPT**

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7009 1410 0002 3109 6179

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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7009 1410 0002 3109 6179

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
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Sent To: Delphi Corporation  
Attn: General Counsel  
 Street, Apt. No., or PO Box No. 5725 Delphi Drive  
 City, State, ZIP+4 Troy, Michigan 48098

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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## 1. Article Addressed to:

Delphi Corporation  
Attn: General Counsel  
5725 Delphi Drive  
Troy, Michigan 48098

## 2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7009 1410 0002 3109 6162

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To: Stoddard Kops State Mayor Ron  
Stoddard Kops State Mayor Ron  
 Street, Apt. No., or PO Box No. 333 West Wacker Drive  
 City, State, ZIP+4 Chicago, Illinois 60601

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**☐ Agent☐ Addressee

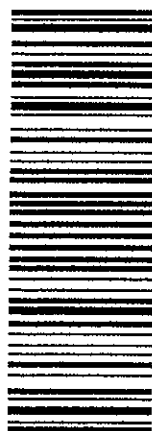
## B. Received by (Printed Name)

## C. Date of Delivery

7009 1410 0002 3109 6155

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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7009 1410 0002 3109 6155

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: <i>Skadden, Arps, Slate, Meagher &amp; Flom Attn: Gregory W. Fox, Kathryn Marafioti</i>	
Street, Apt. No., or PO Box No. <i>Four Times Square</i>	
City, State, ZIP+4® <i>New York, New York 10036</i>	
PS Form 3800, August 2006 See Reverse for Instructions	

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

*Skadden, Arps, Slate, Meagher & Flom  
Attn: Gregory W. Fox, Kathryn Marafioti  
Four Times Square  
New York, New York 10036*

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

**X**☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7009 1410 0002 3109 6148

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: <i>The Office of the United States Trade Attn: Brian Masumoto</i>	
Street, Apt. No., or PO Box No. <i>33 Whitehall Street St 2100</i>	
City, State, ZIP+4® <i>New York, New York 10004</i>	
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## SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

**X**☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

05-44481

Doc 18862

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7009 1410 0002 3109 6131

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To: Lathan & Watkins LLP midwell 8/22  
Attn: Robert J. Rosenberg, Mark A. Branc  
 Street, Apt. No., or PO Box No. 885 Third Avenue  
 City, State, ZIP+4 New York, New York 10022

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lathan & Watkins LLP  
Attn: Robert J. Rosenberg, Mark A. Branc  
midwell 8/22  
885 Third Avenue  
New York, New York 10022

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To: Devis Polk & Wardwell  
Attn: David S. Brancato, Brian Resnick  
 Street, Apt. No., or PO Box No. 450 Lexington Avenue  
 City, State, ZIP+4 New York, New York 10022

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

05-44481-r

oc 18862

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Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
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Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

New York, New York 10019

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## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Willkie Farr & Gallagher  
Attn: Richard Marcus  
787 Seventh Avenue  
New York, New York 10019

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

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Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

New York, New York 10281

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See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$

Postmark  
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Sent To

United States Department of Justice

Attn: Matthew L. Schwartz / Joseph Cordaro

Street, Apt. No.,

or PO Box No.

City, State, ZIP+4

New York, New York 10007

PS Form 3800, August 2005

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Department of Justice  
Attn: Matthew L. Schwartz  
Joseph Cordaro

86 Chambers Street, 3rd Floor  
New York, New York 10007

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$

Postmark  
Here

Sent To

General Motors Corporation

Attn: Jeffrey L. Tanebaum / Robert J. Lemons

Street, Apt. No.,

or PO Box No.

City, State, ZIP+4

New York, New York 10153

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See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

05-44481

Doc 18862

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7007 2680 0002 4739 9512

7007 2680 0002 4739 9512

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To Schultz Roth & Zabel LLP  
Attn: Adam C. Harris and J. Kaep  
 Street, Apt. No.,  
 or PO Box No. 919 Third Avenue  
 City, State, ZIP+4 New York, New York 10022

PS Form 3800, August 2006

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Schultz Roth & Zabel LLP  
919 Third Avenue  
Attn: Adam C. Harris and J. Kaep  
New York, New York 10022

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 2680 0002 4739 9505

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7007 2680 0002 4739 9505

7007 2680 0002 4739 9505

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To Lehigh Corporation  
Services to the Agent of Financial Institutions Group  
 Street, Apt. No.,  
 or PO Box No. 757 Third Avenue Box 1000  
 City, State, ZIP+4 New York, New York 10017

PS Form 3801, August 2006

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery



05-4448

Doc 18862 File

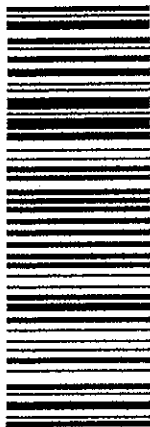
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7009 1410 0002 3109 6087

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**CERTIFIED MAIL™**7009 1410 0002 3109 6087  
7009 1410 0002 3109 6087

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To

Delphi Ballot Processing

Street, Apt. No.,  
or PO Box No.

2335 Alaska Avenue

City, State, ZIP+4

El Segundo, CA 90245

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Kurtzman Carson Consultants  
Delphi Ballot Processing  
2335 Alaska Avenue  
El Segundo, CA 90245

## 2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

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Domestic Return Receipt

102595-02-M-1540



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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To: Honorable Robert D. Brain  
United States Bankruptcy Judge  
Street, Apt. No.,  
or PO Box No. ONE Bowling Green Room 632  
City, State, ZIP+4 New York, New York 10004

PS Form 3800, August 2006

See Reverse for Instructions

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Honorable Robert D. Brain  
United States Bankruptcy Judge  
ONE Bowling Green, Room 632  
New York, New York 10004

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes